

ED OCT 13 1943

318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 8794

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1262a Aubert
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

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129

3. (a) PRINT FULL NAME ISAAC (ICEK) STERN

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Feiga Stern 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. 25, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	1	9	hr. _____ min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Reverend

11. Industry or business _____

12. Name Hersh Stern

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Ruchal Speuman

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Feiga Stern

(b) Address 1262a Aubert

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Cheverah Kadisha

18. (a) Signature of funeral director Oberlander

(b) Address 4469 Washington

19. (a) OCT 5 1943 (Date received local registrar) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1943 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from June, 1942 to death, 1943.
that I last saw him alive on 10/3, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur E. Strauch (M.D. or other) 0
Address 539 N. Grand Date signed 10/14/43

Duration 3 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

J. B. Chenhander

Licensed Embalmer No. *3669*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.